



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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5/11/06

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
PACOPAE	JAMES	C.	808 220-4121
MAILING ADDRESS (Street)			FAX
1908 SKYLINE DR			808 (595-919)
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ CONSULTING INC			808 220-4121
MAILING ADDRESS (Street)			FAX
45-248 PAHIKAAVA PL.			
(City)	(State)	(Zip Code)	
KANEOTE	HI	96744	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
D.R. Horton - Schuler Homes, LLC		(808) 521-5661
MAILING ADDRESS (Street)		FAX
828 Fort Street Mall, 4 th Floor		(808) 538-1476
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lona Herwig		(808) 521-5661
MAILING ADDRESS (Street)		FAX
828 Fort Street Mall, 4 th Floor		(808) 538-1476
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

☒ Science, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
Finance☒ Intergovernmental Relations,
International Affairs☒ Tourism & Recreation☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment☒ TransportationCulture, Arts, Historic
Preservation

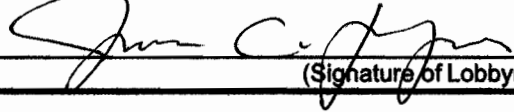
Health

☒ Planning, Land & Water
Use ManagementOther: (indicate below)

_____☒ Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

3-15-06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Michael T. Jones

Division President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

D.R. Horton - Schuler Homes, LLC

(808) 521-5661

MAILING ADDRESS (Street)

FAX

828 Fort Street Mall, 4th Floor

(808) 538-1476

(City)

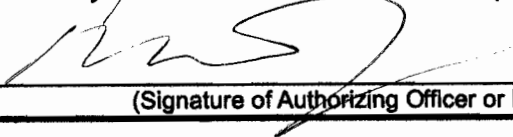
(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

3/27/06

(Date)

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